



OCCUPIED STANDBY ACCEPTANCE

CEC-NRCA-MCH-19-A (Revised 01/19)

CALIFORNIA ENERGY COMMISSION

CERTIFICATE OF ACCEPTANCE		NRCA-MCH-19-A
Occupied Standby Acceptance		(Page 1 of 3)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

Compliance Results: AUTOMATED ("Complies" or "Does Not Comply")	Enforcement Agency Use: Checked by/Date
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Intent:	Ensure that the occupancy sensor is functional and in compliance with the designs and Standards. Submit one Certificate of Acceptance for each system that must demonstrate compliance. (NA7.5.17 , §120.2(e))
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A. Construction Inspection	
Building:	Floor:
Room/Area/Zone:	Control/System:
1	Required Documentation (check all of the following):
<input type="checkbox"/>	a. Designs, plans, schematics, and schedules as approved by the authority having jurisdiction.
<input type="checkbox"/>	b. NRCC-MCH-03-E as approved by the authority having jurisdiction.
<input type="checkbox"/>	b. Building documents including: manufacturer specifications, calibration certificates, or tear sheets for the installed system as available.
2	Prior to functional testing, verify and document the following (check all of the following):
<input type="checkbox"/>	a. Verify that the occupancy sensor is placed so that it can detect occupants in the space without obstruction. (NA7.5.17.1(a))
<input type="checkbox"/>	b. Confirm that the mechanical system is controlled by an independent signal if the occupancy sensor also controls the lighting. (NA7.5.17.1(b))
<input type="checkbox"/>	c. Verify that NRCC-MCH-03-E has identified that the space is designated as eligible to be in occupied standby mode and calls for an Occupancy Sensor to be installed. (NA7.5.17.1(c) , §120.2(e)3)
<input type="checkbox"/>	d. Verify that during occupied standby mode the system automatically increases the operating cooling temperature set point by 2°F or more and decreases the operating heating temperature set point by 2°F or more. (§120.2(e)3Bi)
<input type="checkbox"/>	e. IF using multiple zone systems with Direct Digital Controls (DDC) to the zone level, THEN verify that during occupied standby mode the system automatically increases the operating cooling temperature setpoint by 0.5°F or more and decreases the operating heating temperature setpoint by 0.5°F or more. (§120.2(e)3Bii)
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B. Functional Testing			
Building:	Floor:	Room/Area/Zone:	Control/System:
Steps:			Results
1	Put the zone in occupied mode (i.e., adjust the occupancy schedule) (NA7.5.17.2 Step 1)		
2	Physically occupy the space and confirm that the occupancy sensor detect the presence of an occupant in the zone. (NA7.5.17.2 Step 2)		P/F
3	Adjust the thermostat so that the system is within the deadband. (NA7.5.17.2 Step 3)		
4	Confirm that the zone is supplied with minimum ventilation. (NA7.5.17.2 Step 4)		P/F
	NRCC-MCH-03-A, Minimum Ventilation Req. (CFM)		
	Measure ventilation (CFM)		
5	Adjust setpoint outside of occupied heating/cooling deadband but inside the occupied standby deadband. Confirm the zone is in heating or cooling mode. (NA7.5.17.2 Step 5)		P/F
6	Physically vacate the zone. (NA7.5.17.2 Step 6)		
7	Confirm that within 5 minutes of being vacated the setpoint is setup or setback and the zone is within the occupied standby deadband. (NA7.5.17.2 Step 7)		P/F
8	Confirm that no ventilation is being supplied to the space with the occupancy sensor. (NA7.5.17.2 Step 8)		P/F
9	Restore the system to normal operation. (NA7.5.17.2 Step 9)		
Functional Testing Compliance Results: AUTOMATED ("Complies" or "Does Not Comply")			

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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT		
1. I certify that this Certificate of Acceptance documentation is accurate and complete.		
Documentation Author Name:	Documentation Author Signature:	
Documentation Author Company Name:	Date Signed:	
Address:	ATT Certification Identification (If applicable):	
City/State/Zip:	Phone:	
FIELD TECHNICIAN'S DECLARATION STATEMENT		
I certify the following under penalty of perjury, under the laws of the State of California:		
<ol style="list-style-type: none"> The information provided on this Certificate of Acceptance is true and correct. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician). The construction or installation identified on this Certificate of Acceptance complies with the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and signed by the responsible builder/installer and has been posted or made available with the building permit(s) issued for the building. 		
Field Technician Name:	Field Technician Signature:	
Field Technician Company Name:	Position with Company (Title):	
Address:	ATT Certification Identification (if applicable):	
City/State/Zip:	Phone:	Date Signed:
RESPONSIBLE PERSON'S DECLARATION STATEMENT		
I certify the following under penalty of perjury, under the laws of the State of California:		
<ol style="list-style-type: none"> I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this Certificate of Acceptance. I am eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Acceptance and attest to the declarations in this statement (responsible acceptance person). The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and is posted or made available with the building permit(s) issued for the building. I will ensure that a completed, signed copy of this Certificate of Acceptance shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Certificate of Acceptance is required to be included with the documentation the builder provides to the building owner at occupancy. 		
Responsible Acceptance Person Name:	Responsible Acceptance Person Signature:	
Responsible Acceptance Person Company Name:	Position with Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed: